**Appeal Letter Total Knee Arthroplasty (TKA)**

[Date]

Patient: [Name]

DOB: [xx-xx-xx]

Insurance ID#: [xxxx]

Group#: [xxxx]

Date of Service: [XX-XX-XX]

To Whom it may concern,

This is an appeal for the inappropriate denial for total knee arthroplasty (TKA), CPT code 27447, performed at an [*outpatient facility/Ambulatory Surgery enter (ASC*)] on [*date*]. Please note, the Centers for Medicare and Medicaid Services (CMS) 2018 Medicare Outpatient Prospective Payment System (OPPS) Final Rule, published Nov. 13, 2017 (82 Fed. Reg. 52,523) lists the “removal TKA procedure described by CPT code 27447 from the in-patient only (IPO) list”.

The CMS publication, *MLN Matters,* number: SE19002, published January 24, 2019, effective Date: January 1, 2018 states:

*“****TKA procedures and application of the 2-Midnight Rule has been removed from* *Medicare’s inpatient-only (IPO) list****.* *The Centers for Medicare & Medicaid Services (CMS) removed the Current Procedural Terminology (CPT) code describing TKA procedures from Medicare’s Inpatient-Only List (IPO)* ***effective January 2018****. This* ***allows TKA procedures to be performed on an inpatient or outpatient basis****. In other words, it allows Medicare payment to be made to the hospital for TKA procedures regardless of whether a beneficiary is admitted to the hospital as an inpatient or as an outpatient, assuming all other criteria are met. This does not have any impact on CMS’ 2- midnight policy. CMS policy does not dictate a patient’s hospital admission status and has no default determination on whether a TKA procedures should be done on an inpatient or outpatient basis.”*

*“CMS continues its long-standing recognition that the decision to admit a patient as an inpatient is a complex medical decision, based on the physician’s clinical expectation of how long hospital care is anticipated to be necessary, and should consider the individual beneficiary’s unique clinical circumstances. The Beneficiary and Family-Centered Care Quality Improvement Organizations (BFCC-QIOs) are contracted by CMS to review a sample of Medicare fee-for-service (FFS) short-stay inpatient claims (claims with hospital stays lasting less than 2 midnights after formal inpatient admission) for compliance with the 2-Midnight Rule. This allows TKA procedures to be paid by Medicare FFS when performed in either the hospital inpatient or hospital outpatient setting, assuming all other criteria are met*.”

As the ultimate advocate for our patients, we must insist that the inpatient/outpatient decision is left in the hands of the physician, as intended by Medicare.Therefore, since CMS has removed TKA from the IPO list and allows TKA procedures to be performed and reimbursed when performed on both an inpatient and outpatient basis, we request a reprocessing of this claim in order to obtain the accurate reimbursement due for performing TKA for this patient on the date listed above.

Sincerely,